



Atty. Dkt. No. 310473-1250

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy Michael MILLER, et al.

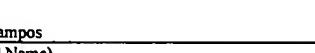
Title: COMPOSITIONS AND
METHODS FOR THE
PREVENTION AND
TREATMENT OF CEREBRAL
ISCHEMIA

Appl. No.: 10/020,450

Filing Date: December 14, 2001

Examiner: Spivack, Phyllis G.

Art Unit: 1614

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 512615637 (Express Mail Label Number)	August 12, 2004 (Date of Deposit)
Rene Campos (Printed Name)	
 (Signature)	

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Additional Claims Fee	
Total Claims:	55	-	62	=	0	x	\$18.00	= \$0.00
Independent Claims:	1	-	3	=	0	x	\$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$290.00				= \$0.00
					CLAIMS FEE TOTAL			= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

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[X] Extension for response filed within the first month:	\$110.00	\$110.00
[] Extension for response filed within the second month:	\$420.00	\$0.00
EXTENSION FEE TOTAL:		\$110.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$110.00
[] Small Entity Fees Apply (subtract ½ of above):		\$55.00
TOTAL FEE:		\$55.00

[X] A check in the amount of \$55.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Aug 12, 2004

By CAS

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